

**California Department of Education
Request for Authorization of a Schoolwide Program**

(Please print or type all information.)

County: _____ School District: _____
School: _____ CDS Code (14 digits): ____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____
Street Address: _____
City: _____ Zip: _____
Principal: _____ Telephone: _____
FAX: _____ E-mail: _____
Consolidated Program Director: _____ Telephone: _____
FAX: _____ E-Mail: _____

To meet NCLB requirements, each schoolwide program (SWP) school must receive technical assistance when it completes its comprehensive needs assessment and its schoolwide program plan. Please check the box for at least one entity that has provided technical assistance for your school. Also, identify by name the lead provider for each box checked.

- ☐ Regional System of District and School Support (RSDSS) _____
☐ County Office of Education _____
☐ External Coaches/Consultants _____
☐ Institution of Higher Education _____
☐ Other _____

The undersigned certify that this school is at least 40% poverty level and also, that the schoolwide program plan incorporates the ten federally required components as listed on Attachment A of the California Department of Education SWP Web page located at <http://www.cde.ca.gov/sp/sw/rt/>.

Superintendent: _____ Date: _____

Principal: _____ Date: _____

Date of Local Board Approval: _____

Please attach the board minutes reflecting approval of the Schoolwide Plan and return a copy of this completed form to:

School Improvement and Title I Basic Office
California Department of Education
1430 N Street, Room 6208
Sacramento, CA 95814-5901